

HONOR ACT SUMMARY

Improve Access to Care by Expanding the Use of Vet Centers

Give our Active, Guard and Reserve U.S. Military personnel who have served in combat access to the VA's Vet Centers for mental health care services.

Currently, our Active, Guard and Reserve U.S. Military personnel do not have access to community-based counseling centers that provide mental health care to veterans. Although an estimated 44 percent of troops return home from combat with Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), or other psychological disorders, there are still insufficient numbers of behavioral health specialists to provide the care our active and reserve duty service members need. Recent testimony on March 18, 2009 from all military Surgeons General highlighted the shortage of mental health professionals service-wide.

This legislation gives immediate and equal access among all active duty and reserve service members to Vet Centers across the country. The bill opens the door to additional resources, lightens the load on our currently over-tasked specialists, and reduces the stigma associated with mental health injuries by allowing troops to seek treatment outside of conventional military channels. Moreover, many National Guard and Reserve service members live in rural areas and are unable to access mental health care treatment facilities because of mere geography. Vet Centers will be required to contact the service member's Medical Treatment Facility if that service member is deemed by the mental health counselor to be a danger to himself/herself or others. A defined set of evaluation criteria will be developed by DoD and the VA to ensure standardization of clinical assessments and to guarantee the service member and mental health counselor are legally protected.

Ensure Fair Treatment and Care for all our U.S. Military Personnel

Give our combat veterans the mental health care treatment they deserve.

Many service members are forced to leave the military because of performance issues including patterns of misconduct, substance abuse, and anger problems. Unfortunately, these service members are often consumed with psychological disabilities associated with PTSD or TBI that play a role in the service member's misconduct record, leading to a less-than-honorable discharge. These warriors subsequently lose their rights to any VA-provided mental health care counseling. These already distressing circumstances exacerbate the risk for increased cases of homelessness, substance abuse, unemployment, and suicide among veterans.

No veteran should be denied the mental health treatment they earned on the battlefield. This provision allows the service member to present their records to the VA for screening. If the VA finds the veteran to have been improperly diagnosed, they may provide referral services to assist such an individual, to the maximum extent practicable, in obtaining mental health care and services from sources outside the VA. They may also advise the service member on his/her rights to request a discharge re-evaluation from their respective service. This legislation does not seek to address the current DoD discharge re-evaluation process.

Extend Survivor Benefits for Military Families

Extend the Dependency Indemnity Compensation (DIC) and the Survivor Benefits Plan (SBP) to families of former Service Members whose death is directly related to a medical history of PTSD or a Traumatic Brain Injury in connection to active duty service in a theater of combat.

This bill guarantees survivor benefits for any service member who commits suicide within two years of separation or retirement from the military, provided they have a medical history of combat-related PTSD or TBI. The former service member's survivor will be entitled to the same benefits had the service member died on active duty or as a result of wounds received while on active duty. This provision does not attempt to formally connect every suicide-related death among service members with combat-related PTSD. The

language assumes the “burden of proof” that although suicide among combat veterans can be attributed to numerous sources (environment, relationship, drug abuse, etc.) there is broad agreement that combat-related PTSD plays one of the largest contributing factors in the suicide.

Enhance Recruitment and Training of Military Behavioral Health Professionals

Create a scholarship program to enhance the recruitment and training of behavioral health care specialists from the service member ranks.

Overseen by the VA, and in consultation with DoD, the bill provides incentives for retiring or separating combat veterans to pursue a graduate or post-graduate degree in the behavioral science health field. This legislation alleviates the shortage of mental health specialists screening and treating our active service members and veterans by creating a program that enrolls former combat members into the “Department of Veterans Affairs HONOR Scholarship Program”.

Eligibility requirements include: 1) Separating service member must hold an undergraduate degree prior to enrolling in the program, and 2) must have active duty experience in a combat zone (duration determined by DoD). Members will be subsequently work as civilians in the VA or in DoD assisting veterans of war and the active duty service component—two groups in critical need of specialty care. This scholarship program encourages service members to start a professional civilian career in the mental health field and also gives our active duty warriors and former warriors the critical assistance they deserve.

Enhance Recruitment and Training of Prior-Service Combat Veterans as Civilian Professional Psychiatric Technicians and Nurses

Create a training program similar to the Military Services Enlisted Mental Health Specialist Courses which will help the military meet the immediate need for PTSD counselors.

Overseen by the DoD the bill creates a program for retiring or separating military combat veterans who choose to pursue mental health technical training with subsequent employment as a DoD civilian mental health specialist. This program addresses the immediate need for PTSD and TBI counselors for active duty and reserve war fighters seeking mental health treatment. Newly DoD civilian psychiatric technicians and nurses with crucial combat experience will assist active duty service members in need.

No undergraduate degree is required in order to be eligible. Former service members will receive behavioral health-based training in the initial evaluation, acute triage, and counseling of patients. The duration, scope of training, and length of combat experience required for eligibility will be determined by DoD. Drawing on their combat experience, these technicians will form stronger and more immediate bonds than our current contractors today with no service or combat experience. This legislation is not designed to replace our licensed professional mental health practitioners or contracted counselors, but rather to augment the current force at the counselor-based level. The program will remain in effect until the need has been met as determined by Congress or the Secretary of Defense.

Prepare our Troops for Combat and Prepare our Veterans for Life as Civilians

The Department of Defense and the Department of Veterans Affairs have an obligation to teach our service members and their families about the occupational hazards of war in order to build resiliency, enhance performance, and mitigate stress when they re-integrate into civilian society.

The DoD and the VA will conduct a joint review and report to Congress no later than 18 months after the enactment of the HONOR Act and a joint annual review and report thereafter to determine the effectiveness of Re-Integration Programs that provide mental health resiliency training and transition counseling for service members and their families when they separate or retire from the service.